



## Contact Preference Form for Birth Parents of Adopted Children

The Maine Office of Vital Records requires the following information to process your request. Please **PRINT (in black ink only)** and complete as many items as known, required items are marked (\*required).

Name of child on original birth record:

\_\_\_\_\_  
First Middle Last (\* required)

Date of birth:

\_\_\_\_\_  
Month Day Year (\*required)

City/town of birth:

\_\_\_\_\_

Sex ☐ Female ☐ Male

Hospital: \_\_\_\_\_

Mother's name on child's original birth record:

\_\_\_\_\_  
First Middle Last

<b>IF THE ORIGINAL BIRTH RECORD IS RELEASED, WHAT IS YOUR PREFERENCE REGARDING CONTACT WITH THE ADOPTEE?</b>
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I am the ☐ Birth Mother ☐ Birth Father

☐ I would like to be contacted. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

Current name:

Address:

City/Town, State, Zip:

Daytime phone number: (     )

☐ I would prefer to be contacted only through an intermediary. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

☐ Do not contact me. I may change this preference by filling out another contact preference form. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

For additional information or to obtain forms, please contact:

Maine Department of Health and Human Services  
Office of Vital Records  
244 Water Street #11 SHS  
Augusta, ME 04333-0011  
(207) 287-1919  
TTY: 1-800-606-0215